

## Fire Prevention and Control

## Fire Instructor I - Application

PLEASE PRINT OR TYPE											
NAME (LAST, FIRST, MI)				STUDENT TRAINING ID NUMBER				DATE OF BIRTH			
				N <sub> </sub> `	$\mathbf{Y}_{  }$						
HOME ADDRESS (STREET, PO BOX)					E PHONE	′ \					
CITY		NIGHTT	NIGHTTIME PHONE								
			( )								
DATE OF APPLICATION DATE OF AP	POINTME	NT	FIRE DEPART	MENT NAM	E			FIRE	DEPARTI	MENT C	ODE
					1						
Minimum Course Qualifications					Comple	tion Date		Equi	valen	t	
Firefighter I (1S), <b>OR</b>											
Basic Firefighter (91) and Intermediate Firefighter (92), <b>OR</b>											
Firefighting Essentials (02) and Initial Fire Attack (10), AND											
Apparatus Operator - Pump (78) or Truck Company Operations (1F) or											
Pump Operator (08) or Ladder Company Operations (06), AND											
Introduction to Fire Officer (45) or Prepar	ring for C	omma	nd, <b>AND</b>								
Fire Service Instructor I (1542), or Educa	tional Me	ethodol	logy (1507), <u>or</u>	both							
Training Officer Workshop I (1200) and Training Officer Workshop II (1201)											
To facilitate your application, ple	ease in	clude	copies of a	any certif	icates for	courses tak	en wit	hin the	last six	mon	ths.
I affirm that I have completed the	ne cour	ses a	s shown								
i ammi mat i nave completed ti	ic cour	ses a	3 3110 W 11.								
	SIGNATURE						DATE				
Appointment by the chief fire of	fficial:										
I, , hereby appoint							00.01	ire inst	ruotor	for	
PRINT NAME	арропп		INSTRUCTOR		_ as a 1	ne mst	ructor.	101			
JURISDICTION											
RETURN TO:			SIGNATURE						DATE		
Standards Unit NYS DHSES RANK OR TITLE											
Office of Fire Prevention and	Contro	ol	HANK OR HILE								
1220 Washington Avenue			NAME OF FIRE D	DEPARTMENT	OR MUNICIPALIT	Y					
Building 7A, Floor 2 Albany NY 12226									002 /	Rev. 6/08	3)
(518) 474-6746									902 (	16V. 0/U	')